CS Form No. 212 Revised 2017

## **PERSONAL DATA SHEET**

WARNING: Any misrepresentati READ THE ATTACHED GUIDE 1				7 10 10 10 10			iminal case/s ag	ainst the person c	oncerned.	
Print legibly. Tick appropriate boxes	( ) and					T.W.	1. CS ID No.		(Do not fill up.	For CSC use only
I. PERSONAL INFORMATI										
2. SURNAME	-	ARDO								
FIRST NAME	DELFIN JR									
MIDDLE NAME	ESCU	ADRA								
DATE OF BIRTH     (mm/dd/yyyy)	AUGUST 28, 1990			16. CITIZENSHIP	Filipino Dual Citizenship by birth by naturalization			tion		
4. PLACE OF BIRTH		BAYBAY CITY, LEYTE		If holder of dual citizenship,				Pls. indicate co	untry:	
5. SEX	1	Male	Female	please indicate the d	details.	-				-
6 CIML STATUS	7	Single Widowed Other/s:	Married Separated	17. RESIDENTIAL ADDRESS	Но	693 A House/Block/Lot No. B Subdivision/Village Baybay City		BRG	Street PRGY SANTO ROSARIO	
- was to	+-			State in a secretar region.	S				Barangay Leyle	
7. HBGHT (m)	-	1.64 m		No treatment services		City/Municipality			Province	
8. WBGHT (kg)		81.9 KG		ZIP CODE						
9. BLOOD TYPE		A+	Control of the contro	18. PERMANENT ADDRESS	Но	693 A House/Block/Lot No.		Street		
10. GSIS ID NO.		2005554025			S	Subdivision/Village		BRG	BRGY SANTO ROSARIO  Barangay	
11. PAG-BIG ID NO.		1211-8475-113	33			BAYBAY City/Municipality			LEYTE Province	
12. PHILHEALTH NO.		13202053605	9	ZIP CODE		6521				
13. SSS NO.		34-6293398-7	7	19. TELEPHONE NO.			(05	4	-	
14. TIN NO.		332-274-486		20. MOBILE NO.		09178781069				
15. AGENCY EMPLOYEE NO.		V01118		21. E-MAIL ADDRESS (if any)	delf	delfincabardo@gmail.com/delfin.cabardo@vsu.edu.ph				
II. FAMILY BACKGROUN	D									
22. SPOUSE'S SURNAME			N/A		N/A		and the second second second second second		DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME		N/A		NAME EXTENSION (JR., SR)			N/A			VA
MIDDLENAME		N/A		THE RESERVE OF THE PARTY OF THE		Aggregation of the second of t				
OCCUPATION			N/A							
EMPLOYER/BUSINESS NAME		N/A								
BUSINESS ADDRESS			N/A						-	
TELEPHONE NO.			N/A						AND THE STREET, STREET, ST.	
24. FATHER'S SURNAME			CABARDO							eri eren -eren -
FIRST NAME		DELFIN		SR						
MIDDLE NAME			CANI							
25. MOTHER'S MAIDEN NAME						710 c. n.g. 300,000 c.				
SURNAME			ESCUADRA							
FIRST NAME			MARCEDITA		and the same of th					
MIDDLE NAME			N/A	(Continue on separa				rate sheet if necessary)		
III. EDUCATIONAL BACK	GROUI	ID								
26. LEVEL		NAME OF SCHOO (Write in full)	X.	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD (	OF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY		BAYBAY II CENTRAL S	CHOOL	BASIC EDUCATIO	ON .	1/6/97	03/30/2002	N/A	2002	N/A
SECONDARY		BAYBAY NATIONAL HIGHSCHOOL		GENERAL EDUCATION		1/6/02	03/30/2006		2006	N/A
VOCATIONAL / TRADE COURSE		N/A		N/A		NA	N/A		N/AN/A	N/A
COLLEGE		VISAYAS STATE UNIVERSITY		DOCTOR OF VETERINARY MEDICINE		1/6/06	3/6/16		2016	N/A
GRADUATE STUDIES		N/A		N/A	N/A		NA		N/A	N/A
			6.11	Continue on separate sheet if nec	essary)		<u> </u>			
SIGNATURE		(Mather)					DATE		July 15, 2021	red 2017), Page 1 of

CAREERS		DARD/ BAR) UNDER SPECIAL	RATING	DATE OF EXAMINATION /			· ·	LICENSE (if a	pplicable)
LAWS/ CES		BARANGAY	(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
	PRC	e v en l'v	83.8	08/23-25/2016	M.	ANILA		8884	2019-2022
AND THE SECOND					Asserted Section 1991				
			(C	ontinue on separate sheet if	necessary)				
	XPERIENCE te emplovment. S	Start from your recent wor.	k) Description of	duties should be indicat	ted in the attached Wor	k Experience	sheet.		
	JSIVE DATES n/dd/yyyy) To	POSITION TITI (Write in full/Do not alt			CY/OFFICE/COMPANY o not abbreviate)	MONTHLY SALARY	SALAR YJ JOB/PAY GRAD E (if applicable) & STEP (Format*00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)
01/03/2020	07/31/2021	INSTRUCTOR		COLLEGE OF VET	ERINARY MEDICINE	26,052.00	STEP1	CONTRACTUAL	Υ
08/1/2019 /19	12/31/2019	INSTRUCTO			ERINARY MEDICINE	22,000	STEP1	CONTRACTUAL	Y
	7-31-2019 12-30-2018	SCIENCE RESEARCH VETERINARIA			ERINARY MEDICINE  NARY ANIMALE	17473.00	SG 9, STEP 1	CONTRACTUAL	Y
	10-31-2017	VETERINARI			ND CAT HOSPITAL	26000.00	N/A	REGULAR	N
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SIGNA	TURE	1	andre	optinue on separate sheet if	DATE	T	07/4	5/2021	

A VOLUNTARY WORK OR INVOLVEMENT IN CIVI	C / NON-GOVERNMENT	/ PEOPLE / VOI	LUNTARY OR	GANIZATION/	S	
29. NAME & ADDRESS OF ORGANIZAT (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
e N/A	From N/A	To N/A	N/A		N/A	
	Daniel I					
	Acres Nach					
AND THE RESERVE OF THE PROPERTY OF THE PROPERT						
					-10 · 1. 21	
		ontinue on separate s	NAME AND POST OFFICE ADDRESS OF THE OWNER, WHEN PERSON AND PARTY O			
III. LEARNING AND DEVELOPMENT (L&D) INTER Start from the most recent L&D/training program and include only the				xecutive Manageria		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Google Classroom Seminar	CONTROL DOME	From 12-13-2019	To 12-13-2019	4	Technical	VSU webteam
SU CREDIT COOPERATIVE		6-15-2019	6-15-2019	8.0	TECHNICAL	VSU CREDIT COOPERATIVE
6TH PVMA SCIENTIFIC CONFERENCE AND ANNUAL CONVENTIO	DN 2019	2-20-2019	2-22-2019	21.0	TECHNICAL	PHILIPPINE VETERINARY MEDICAL ASSOCIATION
4TH PAHA ANNUAL CONFERENCE AND CPD PROGRAM		3/10/18	5/10/18	24.0	TECHNICAL	PHILIPPINE ANIMAL HOSPITAL ASSOCIATION
YE AND WOUND SEMINAR AND CANINE VECTOR-BORNE DISEA: IANAGEMENT	SE DIAGNOSIS AND	12/9/18	12/9/18	8.0	TECHNICAL	BAYER PHILIPPINES INC.
017 LOCAL SCIENTIFIC MEETING: INTENSIVE CARE PRECISION		8-31-2107	8-31-2017	8.0	TECHNICAL	ROYAL CANINE
ST COMPANION ANIMAL TECHNICAL FORUM: PAIN MANAGEME		8-24-2017	8-24-2017	8.0	TECHNICAL	BOEHRINGER INGELHEIM
TAKING SENSE OF TEST RESULTS:A PROBLEM BASED APPRO 2ND ANNUAL PAHA CONFERENCE: CRITICAL CARE HANDS-ON V		3-21-2017	3-22-2017	16.0	TECHNICAL	PHILIPPINE ANIMAL HOSPITAL ASSOCIATION
HANGE IN YOUR PRACTICE		11/10/16	10-13-2016	24.0	TECHNICAL	PHILIPPINE ANIMAL HOSPITAL ASSOCIATION
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THE OTHER INCORMATION	(Co	ontinue on separate s	sheet if necessary)			
VIII. OTHER INFORMATION	N	ON-ACADEMIC DISTIN	ICTIONS / RECOGN	IITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES 32.	IAL SKILLS and HOBBIES  32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. (Write in full)
COMPUTER LETIRATE	TOP 6 IN VETERINARY MEDICINE LICENSURE EXAM 2016					PHILIPINE VETERINARY MEDICAL ASSOCIATION
COOKING						SCRAMBLED LEGS
DANCING			and the second of the second	more and the		
RUNNING/ MARATHON	sees as it made to precure	or the (Pa)	1000 0	3 1 AU	8H 30.0	C 181 S 4 F 187 S 58 S 58 S
DRIVING		CONTRACT CONTRACTOR				
CUSTOMER SERVICE		no Omico Si	ecii ii			
			sheet if necessary)			
SIGNATURE	- All	Who		DA	TE	07/15/2021
					CS FORM 212 (Revised 2017), Page 3 of 4	

34.	chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,			-6		
	a. within the third degree?     b. within the fourth degree (for Local Government Unit - Care	er Employees)?	YES VES If YES, give details:	NO NO		
25	a. Have you ever been found guilty of any administrative offer					
35.	a. have you ever been lound guilty of any administrative offer	If YES, give details:	NO			
	b. Have you been criminally charged before any court?	If YES, give details:  Date Filed:  Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of any any court or tribunal?	☐ YES ✓ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fin the public or private sector?	YES NO If YES, give details:  Resignation in private sector				
38.	a. Have you ever been a candidate in a national or local electron Barangay election)?	YES NO If YES, give details:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	☐ YES  ✓ NO  If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent n	If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?	YES If YES, please specify:  YES If YES, please specify ID No YES If YES, please specify ID No	√ NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /ap	ppointee)				
	NAME	ADDRESS	TEL. NO.			
	EUGENE B. LAÑADA	Visca, Baybay City, Leyte	563-7170			
	ANA MARQUIZA M. QUILICOT	Bilar, Bohol	9171433449			
42.	I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, rules a the agency head/authorized representative to verify/valid misrepresentation made in this document and its attachment against me.	nd regulations of the Republic of the Philip date the contents stated herein.	pines. I authorize agree that any	DELFIN E. CABARDO JR. PHOTO		
	overment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance	Mala	>			
G	overnment Issued ID: PRC	CHILLIE				
ID	/License/Passport No.: 8884	Signature (Sign inside the b	ox)			
Da	ate/Place of Issuance: TACLOBAN CITY	07/15/2021 Date Accomplished		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this 3	1 AUG 2021 , afflant exhibitin	g his/her validly issued governme	ent ID as indicated above.		
		ATTY, RYSAN C. GUINOCOR VSU (Mef Legal Officer				
		Person Administering Oal				